

Editorials and Association Notes

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72nd Annual Meeting of Canadian Medical Association Winnipeg, June 23-27, 1941

No effort is being spared by the numerous Local Committees to make the forthcoming Canadian Medical Convention notable in the medical annals of Manitoba. It is the most important medical convention in Manitoba since the joint meeting of the British and Canadian Medical Associations in Winnipeg in 1930.

The Scientific Programme was published in the April number of the Canadian Medical Association *Journal*, and will be given in full in the June number of the Manitoba Medical Review.

The Entertainment Programme for men includes two luncheons, two dinners and a golf tournament. That for the ladies only, comprises a dinner; and a breakfast party at the Motor Country Club. Social functions at which both sexes will be present include the ceremonial inauguration of Dr. G. S. Fahrni, the new President, followed by a dance; an afternoon reception at the St. Charles Country Club by Dr. and Mrs. Fahrni, and a reception at Government House by His Honor the Lieutenant-Governor and Mrs. R. F. McWilliams.

In the by-laws of the Canadian Medical Association it is laid down that only members of the Provincial Associations can join. This means that for a Manitoba doctor to attend the meetings, it is necessary for him to pay the ten dollar fee of the Manitoba Medical Association, plus the eight dollar fee of the Canadian Medical Association (which includes the Canadian Medical Association *Journal*).

The speakers and subjects arranged for the General Sessions are as follows:

Valedictory Address by the President

Dr. Duncan Graham, Toronto.

Dr. William F. Braasch, Rochester, Minn.

The surgical kidney as a factor with hypertension.

Dr. Charles Hunter, Winnipeg

Dizziness from the internist's standpoint.

Dr. F. W. Jackson, Winnipeg

Some observations on maternal care.

Dr. A. F. Menzies, Morden

Post-war medical problems.

Dr. Gavin Miller, Montreal

Recent advances in the surgical approach to carcinoma of the large bowel and rectum.

Dr. Rustin McIntosh, New York

Jaundice.

Dr. Kenneth G. McKenzie, and

Dr. E. H. Botterell, Toronto

The common neurological syndromes produced by pressure from extrusion of the intervertebral disc. (Illustrated by coloured film).

Dr. G. E. Richards, Toronto

Ten years' progress in the radiotherapy of oral cancer. Present methods and present results.

Dr. C. D. Parfitt, Toronto

The Osler Lecture.

Dr. Wallace Wilson, Vancouver

Whither Medicine!

Dr. Ralph M. Tovell, and

Dr. Curtiss B. Hiecox, Hartford, Conn.

The present status of cyclopropane.

♥ ♥ ♥

The Ladies' Publicity Committee requests that each doctor show the above editorial to his wife, and also draw her attention to the complete Ladies' Programme to be published in the June issue of the *Review*.

ABSTRACTS**Vole Vaccine versus B. C. G.**

Wells, A. Q. and Brooks, W. S.
Brit. Jour. Exper. Path. 1941, 21:104

The wild vole suffers from a tuberculosis-like disease due to an acid-fast bacillus which is innocuous to guinea pigs, unless given in huge doses. It can be cultured on Dorset's egg medium. Three guinea pigs inoculated with vole bacillus were injected with bovine T.B. 9 months later. When killed 6 months later they showed only small local caseous lesions, whereas the uninoculated controls had extensive generalized tuberculosis. In the next experiment 5 guinea pigs were given 1 mg. of vole culture, 5 were given .1 mg. and 5 were not inoculated. Three months later all 15 animals were injected with human T.B. All survivors were killed after 3 months. The first 5 had small local abscesses only, the second 5 had lesions rather more marked, and the 5 controls had died with extensive generalized tuberculosis.

The last experiment was to compare vole vaccine with B.C.G. in guinea pigs. Eleven of 15 animals protected by vole vaccine before being given T.B. showed only small local abscesses after 11 weeks. Eight animals "protected" by B.C.G. showed generalized tuberculosis, and 16 controls showed extensive generalized tuberculosis. —F.G.A.

Orthostatic Hypotension Treated by "Head-Up" Bed

MacLean, Alex. R. and Allen, E. V.
Jour. Amer. Med. Ass'n. 1940, 115:2162

Orthostatic hypotension is characterized by morning exhaustion, dimness of vision, and syncope on assuming the erect posture. The authors attribute this syndrome to inadequate venous return.

The diagnosis is made by finding a marked fall in blood pressure on assuming the erect posture in the morning, or by syncope occurring within 10 seconds when the patient tries to support a column of mercury 40 mm. high by blowing. Such cases have formerly been treated by ephedrin or pare-drin with some success. MacLean and Allen report that where such patients sleep on a bed with its head elevated 18" (on kitchen chair seats) the morning hypotension no longer occurs. Return to a flat bed brings back the symptoms. Details of four cases are given. Two patients were able to compensate somewhat for the orthostatic hypotension by developing an orthostatic tachycardia. —F.G.A.

Dr. A. R. MacLean, son of James A. MacLean, former President of the University of Manitoba, graduated in medicine in Manitoba in 1934. He is now on the permanent staff of the Mayo Clinic in the neurological department.

Effect of Belladonna on Appetite

Greene, J. A., Jour. Lab. & Clin. Med. 1940, 26:477

The author states that he was able to reduce the appetite of 40 out of 45 obese patients by Tr. Belladonna m.x t.i.d.a.c. Some patients were given Bromide or Phenobarbital in addition. No figures of weight reduction are given. Benzedrine will also diminish appetite but has the disadvantage for some patients of elevating the blood pressure. —F.G.A.

VICTORY LOAN, 1941

Plans and preliminary work are now going forward in preparation for the next War Loan.

The people of Canada will be asked to assist the Government to an extent never before required. The Doctors of this province will be expected to do their full part in this vitally important task.

The Government must have this money, and this loan has to be fully subscribed by the people of Canada even if sacrifices are necessary. It is hoped that the Doctors will do their share in critical times like this. WE HAVE TO WIN THIS WAR!

**The Navy, The Army, The Air Force
Require Medical Officers**

The Manitoba Medical Association is continually receiving requests for Medical Officers from all branches of the Services. If it is your intention to join up, further information may be obtained from the Manitoba Medical Association, 102 Medical Arts Building, Winnipeg.

OBITUARY**MRS. H. A. HIGGINSON**

Mrs. H. A. Higginson, widow of the late Dr. Henry Ahern Higginson, died in Montreal, March 27th, 1941. A resident of Winnipeg for more than forty years, she left eighteen years ago to make her home in Montreal. She was one of six musical enthusiasts who in 1894 met to form the nucleus of the Women's Musical Club. Later she was for many years honorary president of that body, and she also started the Lenten twilight recitals in St. Luke's Church.

Many of the older practitioners will remember Dr. Higginson, who practised in Winnipeg in the latter part of the last century. His house and office were at the corner of Donald and Graham where Eaton's store now stands. With extensive post-graduate experience, he was soon appointed to the staff of the Winnipeg General Hospital and was a demonstrator in anatomy at Manitoba Medical College. An attack of laryngeal diphtheria in June, 1895, cut short a most promising career.



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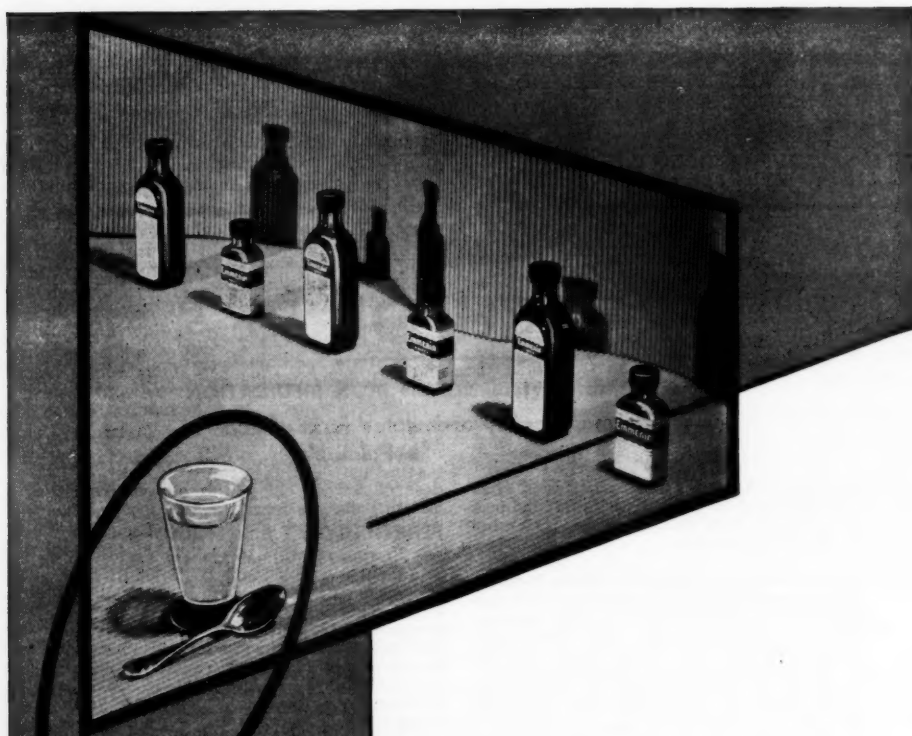
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During 1940, in Manitoba, three cases of Ophthalmia Neonatorum were reported. For the past number of years, a similar record has been the case and we may be justifiably proud of it.

For the last twelve years, the Division of Disease Prevention has been supplying wax ampoules of 1% silver nitrate to any physician or hospital in Manitoba, who wished to make use of this service. In 1940, sufficient of this material was distributed for 3,108 treatments—900 of these being supplied for use in the city of Winnipeg, the remainder being sent out through the province.

From the blue birth notification cards sent in to the Department of Health and Public Welfare, it has been found that a number of physicians are not recording the type of prophylactic drops—if any, that they are using. The Department is urging the use of the 1% silver nitrate solution which is obtainable free of charge from the Division of Disease Prevention. Although "other substances have been proposed and tried, no substance is known to be as reliable as silver nitrate, which should be used in all cases, especially when there is any reason for believing that the mother is infected with the gonococcus." (Rosenau).

Several months ago it was decided to have the 1% silver nitrate solution put up in 1 ounce size, dark bottles with an eye dropper attached to the screw top, instead of in wax ampoules. Put up in this fashion, the solution should be easier to use. Each bottle is dated, and is of value only for one year after the date stamped on the label. It should be kept in a dark, cool place. If any sediment appears in the solution, it is valueless and should be discarded immediately.

Write to the Division of Disease Prevention, of the Department of Health and Public Welfare when you wish to obtain silver nitrate.
—A.M.S.

Industrial Safety

The medical profession has long since adopted the principle of prevention being better than cure. There can be no more practical application of this principle than in the field of safety for industrial workers. Industry has gone a long way along this road and should be justly proud of its safety achievements. In recent years the great majority of responsible employers have reached a realization of the value of accident prevention to their business. Apart altogether from the humane attitude, which of course, is an important one, employers have found that accidents disrupt their business, deprive them of valuable workmen and reduce production which in turn affects profits. The workers themselves at one time considered safety first efforts to be a fad and as something to be tolerated because the firm was interested in it. In spite of all records to the contrary they prided themselves on being well able to take care of themselves without any paternal assistance. Safety education has proved to them that they were wrong, that a man is no match for a fast moving and merciless machine and that you can replace the parts of a machine but could secure no spare parts for lost eyes, fingers, arms or legs. Today it can be truly said that all concerned in Industry have accepted Safety as a necessary part of their operation and of their job. The cost of accidents is a burden on everyone. The worker immediately has his earnings reduced even if receiving compensation, which pays

only two-thirds of his ordinary wages at most. He also has to suffer the pain and misery which injuries impose.

To be successful, accident prevention must be a properly organized effort. It is never sufficient to carry out a campaign for a few weeks and then let it drop. It must be a constantly sustained endeavour included as an integral part of the business and the workers routine. Neither the management nor the workers can succeed without full co-operation by both. A plan must be adopted to include an equitable representation from the management and the staff. The questions to be considered must be met with sympathy and understanding. Until and unless all parties to the plan are prepared to be tolerant and to be possessed of a determination to achieve safety as a co-operative effort little success will be forthcoming. In order to benefit by experience all accidents should be investigated by a representative committee which has power to make recommendations to the management and also to the workers. The Department of Labour is ready and willing at all times to assist in promoting safety organizations in Industry and is constantly alert to have any dangerous conditions remedied.

Not the least contribution to the cause of Safety in Industry has been the training of staffs in First Aid to the Injured in classes organized and taught by this Department. Thousands have been taught this subject and not only have accident victims benefitted by the rendering of skilled First Aid, but accident records have been improved through the influence of this subject in producing a safety consciousness.

Promote Safety—It Pays.

W. TREVOR DAVIES,
Assistant Chief Inspector
In Charge of Accident Prevention.

COMMUNICABLE DISEASE REPORT

February 26th—March 25th

Measles: Total 530—Winnipeg 124, Brandon 54, Flin Flon 46, Portage City 40, Unorganized 28, Portage Rural 17, Pipestone 14, Edward 13, Melita Town 13, St. Boniface 13, Manitou Village 11, Kildonan East 10, Pembina 10, Woodlea 10, Roblin Rural 9, Tache 9, Arthur 7, Cartier 6, Silver Creek 6, Albert 5, Brenda 4, Franklin 4, Kildonan West 4, Sifton 4, St. Laurent 4, Ethelbert 3, Napinka Village 3, Plum Coulee 3, Fort Garry 2, McCreary 2, Rivers 2, St. Andrews 2, St. James 2, Tuxedo 2, Wallace 2, Carberry Town 1, Hamiota Rural 1, Hamiota Village 1, Hillsburg 1, Labroquerie 1, Lawrence 1, North Norfolk 1, South Norfolk 1, Rockwood 1, Rosser 1, Shoal Lake Village 1, Siglunes 1, Stonewall 1, Ste. Anne 1, St. Vital 1, Teulon Village 1, Transcona 1, Virden Town 1, Woodlands 1 (Late Reported: Silver Creek 12, Flin Flon 5, Roblin 2, St. Clements 1, Sifton 1, Rossburn 1, Whitmouth 1).

German Measles: Total 440—Brandon City 200, Kildonan East 55, Kildonan West 45, Unorganized 31, Portage City 18, Shoal Lake Village 17, North Norfolk 11, St. James 11, Woodlea 10, Labroquerie 9, Harrison 7, Melita Town 4, Argyle Town 3, Arthur 3, Hamiota Village 3, Lawrence 3, Shoal Lake Rural 2, Silver Creek 2, Coldwell 1, Deloraine Town 1, Fort Garry 1, St. Boniface City 1, St. Clements 1 (Late Reported: Brandon 1).

Mumps: Total 147—Winnipeg 87, Flin Flon 35, St. Boniface City 11, Kildonan East 3, Coldwell 2, Labroquerie 2, Fort Garry 1, Swan River Rural 1 (Late Reported: Flin Flon 3, St. Boniface 2).

Chickenpox: Total 121—Winnipeg 85, Transcona Town 9, St. James 8, Brandon City 2, Kildonan East 2, St. Boniface 2, Deloraine 1, Fort Garry 1, South Norfolk 1, Roblin Rural 1, St. Andrews 1, Ste. Anne 1 (Late Reported: Kildonan West 3, Roblin Rural 2, Fort Garry 1, Lawrence 1).

Scarlet Fever: Total 40—Winnipeg 15, Portage City 7, Portage Rural 5, Transcona 2, Brandon 1, Carman Town 1, Cartier 1, Rhineland 1, Roland 1, Silver Creek 1, St. Boniface 1, St. Vital 1 (Late Reported: The Pas 2, Daly 1).

Influenza: Total 33—Carberry Town 9, Brandon 1, Hamiota 1, Hamiota Village 1, Kildonan East 1 (Late Reported: Lorne 2, Cameron 1, Clanwilliam 1, Dauphin Town 1, Dufferin 1, Eriksdale 1, Glenella 1, Glenwood 1, Minto 1, Neepawa 1, Portage City 1, St. Boniface 1, St. Clements 1, St. Vital 1, White-water 1, Woodworth 1, Unorganized 1, Brooklands 1, St. James 1).

Tuberculosis: Total 31—Winnipeg 17, Selkirk 3, Kildonan East 2, St. Boniface 2, Gimli Rural 1, Portage City 1, Rockwood 1, Springfield 1, Thompson 1, Transcona 1, Westbourne 1.

Whooping Cough: Total 26—Unorganized 7, Winnipeg 2, Brandon City 2, Minnedosa Town 1, St. Vital 1 (Late Reported: Archie 4, Franklin 3, Brandon 3, Hanover 1, Kildonan West 1, Minnedosa 1).

Pneumonia Lobar: Total 12—Brandon 3, Hamiota Village 1, Kildonan East 1, Lorne 1, St. Laurent 1 (Late Reported: Portage City 1, Rockwood 1, St. Boniface 1, Tache 1, Unorganized 1).

Meningococcal Meningitis: Total 9—Winnipeg 3, Brandon 2, Whitemouth 2, Rosedale 1, St. Boniface 1.

Erysipelas: Total 8—Winnipeg 4, Portage City 2, Tuxedo 1, Whitemouth 1.

Diphtheria: Total 6—Winnipeg 3, Gladstone Town 1, Portage Rural 1, Neepawa 1.

Typhoid Fever: Total 2—Gladstone 1, Westbourne 1.

Venereal Disease: Total 119—Gonorrhoea 84, Syphilis 35. (February Report).

DEATHS FROM COMMUNICABLE DISEASES

February, 1941

URBAN—Cancer 38, Tuberculosis 9, Influenza 8, Pneumonia Lobar 7, Pneumonia (other forms) 8, Syphilis 5, Cerebrospinal Meningitis 2, Measles 1, Scarlet Fever 1, other deaths under one year 17, other deaths over one year 174, Stillbirths 12 (Late Reported 1). Total 283.

RURAL—Cancer 19, Influenza 15, Pneumonia Lobar 6, Pneumonia (other forms) 13, Tuberculosis 7, Measles 1, Whooping Cough 1 (Late Reported: Pneumonia Lobar 2), other deaths under one year 18, other deaths over one year 130 (Late Reported: over one year 5), Stillbirths 8. Total 225.

INDIANS—Pneumonia 7, Tuberculosis 4, Diphtheria 1 (Late Reported: Influenza 2, Tuberculosis 3, other deaths under one year 7, other deaths over one year 3 (Late Reported 2). Total 29.

Disease	Manitoba Feb. 26-Mar. 25	Ontario Feb. 23-Mar. 22	Saskatchewan Feb. 23-Mar. 22	Minnesota Feb. 23-Mar. 22
Anterior Poliomyelitis		1		1
Meningococcal Meningitis	9	56	4	2
Chickenpox	114	1,250	78	562
Diphtheria	6	3	5	2
Erysipelas	8	7	7	3
Influenza	13	385		77
Epidemic Encephalitis		1		1
Measles	507	4,412	955	32
German Measles	439	8,349	676	
Mumps	142	1,019	96	
Puerperal Fever			1	
Scarlet Fever	37	845	17	214
Septic Sore Throat		58	1	
Smallpox			2	23
Tuberculosis	31	192	38	153
Typhoid and Paratyphoid Fever	2	6	2	1
Undulant Fever		5	1	
Whooping Cough	13	688	43	337

For the four week period ending March 25th you will note that Manitoba has a slight increase in the number of cases of meningococcal meningitis. These are sporadic, not epidemic, and should be watched for. Measles are still plentiful but beginning to wane we hope.

Ontario is having quite a few cases of meningococcal meningitis and, like ourselves, many cases of measles and German measles. Scarlet fever is also causing some trouble.

Smallpox shows two cases in Saskatchewan and twenty-three in Minnesota—none near our borders.

North Dakota did not send reports to us for this period.

By the time this is in print the roads should be drying up and it will be time for vaccinating and toxoiding. How about it? Are the little ones in your district immunized? Let us know what you require.

Summer Diarrhea in Babies

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextrin-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonfuls of a thin paste of Casec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.

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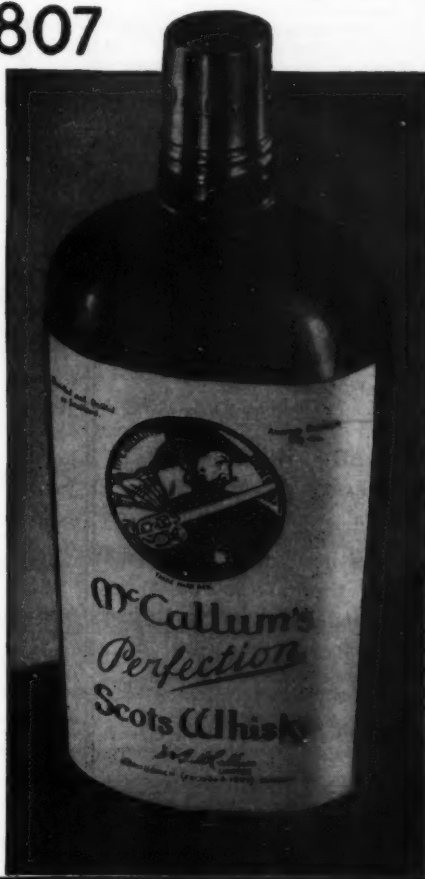
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